



## Phillipsburg Emergency Squad, Inc.

P.O. Box 215 \* 360 Prospect Street

Phillipsburg, NJ 08865-0215

Emergency Phone: 911

TEL: (908) 859-5218 FAX: (908) 859-2655

<http://www.Pburg94rescue.org>

### **APPLICATION INSTRUCTIONS:**

Read these instructions carefully before thoroughly completing this application.

1. This application must be completed by the applicant.
2. It should be typed or printed legibly in ink.
3. All questions should be answered as completely as possible, or your application will be automatically disqualified.
4. If a question does not apply to you, indicate by entering "N/A".
5. Any misstatement of fact, omissions or attempt to mislead this agency, either deliberate or in error, may lead to your disqualification or termination at any time.
6. All information contained in this application is confidential and may be shared with the hiring committee.
7. If you have any questions regarding the application, background check, or the application process, please contact us at [applications@pburg94rescue.org](mailto:applications@pburg94rescue.org) or call us at (908) 859-5218.
8. Phillipsburg Emergency Squad Inc. is an equal opportunity employer that does not discriminate in hiring or employment on the basis of age, race, color, religion, creed, sex, marital status, national origin, ancestry, place of birth, sexual orientation, disability or disabled veteran status or any other legally protected category under federal, state or local agencies.
9. This application is not an employment contract as Phillipsburg Emergency Squad Inc. is an at-will employer. This means that PES or its employees can end the employment relationship at any time, without notice or cause, and for any reason not prohibited by law.

Thank you,  
PES Hiring Committee



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**APPLICATION FOR EMPLOYMENT**

Please indicate which you are applying for: \_\_\_ Part Time EMT-B \_\_\_ Per-Diem EMT-B \_\_\_ Volunteer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI/Suffix \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** All applicants are required to submit to a criminal and motor vehicle check:

Driver License Information: State \_\_\_\_\_ DL#: \_\_\_\_\_ Expiration: \_\_\_\_\_

DL History: Any Suspensions or Revocations: No/Yes – explain \_\_\_\_\_

Criminal History: Ever been arrested: No/Yes – explain \_\_\_\_\_

Convicted of a crime: No/Yes – explain \_\_\_\_\_

If you need additional space, please use a blank paper or use the back. Be specific, include dates and reason ...

**Employment History**

**Employer** (current or most recent): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Employer:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**Educational History**

**High School:** \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate? Yes / No Year: \_\_\_\_\_ If No, Do you have a GED? Yes / No

**College/Graduate School:** Please list School(s) attended, address, years attended, degree or certification received:

\_\_\_\_\_  
\_\_\_\_\_

**EMT-B and Additional EMS Training:** Please provide copies of cards

Course Site: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR Training: Provider: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List other certifications or classes you have completed: \_\_\_\_\_

\_\_\_\_\_

Do you now, or have you ever been a member of a paid or volunteer emergency service (EMS, Rescue, Fire)? Yes / No

If yes, please list the organizations and dates of membership and/or employment. \_\_\_\_\_

\_\_\_\_\_

**References:**

Please list three personal or professional references, not relatives, which you have known for at least 1 year.

Name	Address	Phone number	# years
1.			
2.			
3.			

**Authorization:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; misstatement of fact, omissions or attempts to mislead the agency, either deliberate or in error, may lead to disqualification or termination at any time.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the agency has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agency representative.

I further authorize a full background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date